



WORK-FAMILY STRESS AND MENTAL HEALTH AMONG FEMALE BANK EMPLOYEES AT DIFFERENT LIFE STAGES AND THE MODERATING ROLE OF SOCIAL SUPPORT

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ABSTRACT

Employed women who are not only shouldering the household responsibilities but are also dealing with demands of their work role have to deal with dual responsibilities, each significant for them in its own right and thereby, they suffer from stresses from both sources – the workplace and the household. This double load of stress can compromise their physical as well as mental health which needs to be addressed before damages become irreparable. Studies suggest that availability of Social Support may moderate the relationship between stress and mental health and thus reduce the deleterious consequences of stress. Literature also suggests that women balance their work and family/home life in different ways at the various stages of their lives. The present investigation, hence, aims at exploring the stresses emanating from workplace as well as household and mental health along with the moderator effect of social support on the relationship between them among bank employed women at different W-F life stages. Occupational Stress Index, Life Demand Schedule, Mental Health Inventory and Social Support Scale were administered individually to 250 clerical level female bank employees, belonging to three life stages, viz., Stage-I (Below 30yrs), Stage-II (30-40yrs) & Stage-III (Above 40yrs).

Intergroup comparison revealed that on areas of occupational stress (OS), role overload, poor peer relation remained stable over the three stages, however, at Stage-II stress due to role conflict was highest but was lowest due to intrinsic impoverishment. Ss belonging to younger groups had higher stress due to low status and strenuous working conditions than those at Stage-III. In context to household stress (HS), a decreasing trend with the younger groups experiencing higher time and economic constraints than the older subjects was recorded, whereas Ss at Stage-I experienced highest effort constraint. On areas of mental health (MH) a gradual improvement from Stage-I through Stage-II to Stage-III was found. Correlational analysis indicated that OS scores correlated significantly and negatively with MH scores at all the W-F Life Stages. Whereas, HS scores correlated significantly and negatively with MH scores at Stages-I & II but not at Stage-III. Results of moderator analysis indicated that relationship between OS and MH was not moderated by Emotional and Practical support but it was significantly moderated by Informational support at Stage-I only, and by Companionship support at Stage-II only. The relationship between HS and MH was significantly moderated by Emotional support at Stage-I and Stage-III, by Informational support at Stage-III only, by Practical support at Stage-I only, and by Companionship support at Stages-I and Stage-III. Results have been analyzed in the light of the changes that take place in the lives of the women working in banking sector.

KEY WORDS: Occupational-Household Stress, Mental Health, Social Support, Life Stages & Employed Women.

INTRODUCTION

The women in employment are faced with a unique situation, on one hand the employment provides them opportunities for self enhancement in social, psychological as well as material terms but on the other hand it makes incessant demands on their energy and time. The family and its responsibilities also present a conflicting situation for women as they need to take time away from family responsibilities in order to perform work related duties, but they are equally pulled by the ties of love, affection, and care towards the family members, especially their children. They are hence, subjected to stresses emanating from both work and family.

Stress is a situation or an emotion experienced when one feels that “demands go beyond the personal and social resources the individual is able to marshal” (Lazarus, 1966). It is a situational feeling when one thinks one has lost control of events (Dar, Akmal, Naseem & Khan, 2011). Beehr and Newman (1978) defining occupational stress as “A condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning”, identified thirty seven organizational characteristics that might be occupational stressors and these were split into four categories: job demands and task characteristics, role demands or expectations, organizational characteristics or conditions, organization's external demands and conditions. Many researchers view job stress as a multidimensional concept that comprises of three salient characteristics: role ambiguity, role conflict and role overload (Fu & Shaffer, 2001; Eby, Casper, Lockwood, Bordeaux & Brinley, 2005; Ismail, Mohamed, Sulaiman, Ismail & Mahmood, 2010; Major, Klein & Ehrhart, 2002; Yadav, 2011a, b; Yu-Fei, Ismail, Ahmad & Kuek, 2012).

Workplace stress can have a wide-ranging and negative impact on the well-being of the individual and his or her day to day functioning. This is observable at physical level (e.g., exhaustion, headaches, high blood pressure), at psychological level (e.g., depression, anxiety, low self esteem) and at cognitive level. However, not all stress reactions are negative. A certain amount of stress is actually necessary for survival. Scott (1966) proposed, an inverted U-shaped relationship between stress and employee's response. The stress reaction maximizes the expenditure of energy which helps prepare the body to meet a threatening or challenging situation and the individual tends to mobilize a great deal of effort in order to deal with the event.

Family stress research began during the 1930s, when Reuben Hill, considered to

be the father of family stress theory, provided an exploratory direction to scientific investigations. Family stress refers to a state arising from an imbalance, or change in the family's functioning which requires adjustment (McCubbin & Patterson, 1983). This conceptualization of family stress encompasses the component of change, which according to Holmes and Rahe (1967), is stress producing. Familial change, whether perceived as pleasant or unpleasant, can be thought of as generating stress within a marital relationship, which in turn, could have important implications for spouses' psychological well-being. According to the research on family stress, changes that have been found to generate stress within the family include the transition to parenthood, financial issues, and the changing health of family members. Women may perceive their work-family stresses differently depending on their status and life stage within family and profession. In this paper the family stress term has been operationalized as a stress experienced by working women in context to taking care of responsibilities related to the family, like, performing household chores, preparing meals, caring for a child or pet, maintaining the relationships with other family members, friends, neighbors and co-workers etc., and has been termed as household stress.

Social support has emerged as an important concept from attempts to mobilize families in dealing with personal crisis and has been incorporated into the stress process generally (Payne, 1980, Pearlin, Menaghan, Lieberman, & Mullan, 1981). Social support has been defined in different ways, e.g., it has been referred to as support which is “provided by other people and arises within the context of interpersonal relationships” (Hirsh, 1981), in general, and as “..... an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient” (Shumaker & Brownell, 1984). Hagihara, Tarumi and Miller (1998) defined social support as “the provision and receipt of tangible and intangible goals, services, and benefits (such as encouragement and reassurance) in the context of informational relationships (e.g., family, friends, co-worker, & boss). Social support is the physical and emotional comfort given to us by our family, friends, co-workers and others. Social support refers to interpersonal relationships and social interactions that help to protect individuals from the effects of stress (Kessler, Price, & Wortman, 1985, Nielson, Carlson, & Lankau, 2001). Social support has consistently been related to increased health and well-being (Cohen, 1988, House, Landis, & Umberson, 1988). Social support, perceived to be received from one's spouse, supervisors, and co-workers, will be the moderating variable for this study.

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. During the last two decades, mental health has come to be defined in terms of psychological well-being. Low psychological well-being is illustrated in anxiety, depression, low morale, lack of self confidence, low sense of personal autonomy, inability to cope with the problems of living, and dissatisfaction with oneself and the social and physical environment. WHO (2001) has proposed that mental health is: '... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. By virtue of the complexity of behavior which are indicators of mental health, it can be inferred that mental health is not a single unified variable but rather a combination of a number of variables.

Gilligan (1980) and Bardwick (1980) have highlight the fact that the adult development of women may be of a different nature from that of men. Gallos (1989) went on to draw implications of this difference for the career development of women, her most important conclusion being that the career paths designed for men may not be entirely suitable for women. Focusing her attention on adult working women, Bardwick (1980) identified four basic life phases for women that contrast with the life stages of a man. These are: early adult transition years (17-28 years), the settling-down period (30-40 years), middle adulthood (40-45 years), and the "age 50 and older" phase. Literature on women's attempts at balancing family and work life suggests that each stage may be associated with different levels and types of stresses due to varying levels of job and family demands. It is to be expected that consequences for mental health may vary with age or stage of life

It was, hence, considered meaningful to explore the work-family stress, mental health and moderating effects of social support at different developmental stages of the employed women's life and also to understand the relationship between these variables separately within each stage.

When considering the relationships among work-family stress, social support, and mental health, a number of researchers have suggested that social support moderates or buffers the relationship between stress and psychological well-being. A selective review of the literature on work stress, family stress, social support and mental health is being presented here.

A number of studies have reported that occupational stressors such as heavy job demands and lack of control are associated with various health problems for women. High-strain jobs have been linked with psychological distress, pain, and reduced physical functioning among nurses (Amick et al., 1998, Bourbonnais, Comeau, & Vezina, 1999) and in other studies a positive association between negative affectivity and job stress among teachers was found (Griffith, Steptoe, & Cropley, 1999). A relationship between job stress and psychiatric morbidity has also been reported in previous studies (Cropley, Steptoe, & Joekes, 1999, López-Castillo, Gurpegui, Ayuso-Mateos, Luna, & Catalan, 1999, Mausner-Dorsch & Eaton, 2000) or depressive symptoms (Griffin, Fuhrer, Stansfeld, & Marmot, 2002, Kendler, Thornton, & Prescott, 2001, Paterniti, Niedhammer, & Consoli, 2002, Phelan et al., 1991, Schonfeld, 1990).

Kirkcaldy and Martin (2000) reported that nurses (N=276) in Northern Ireland displayed higher stresses related to social interaction at work, viz., confidence and competency in role, home-work conflict, and organizational involvement and these were related to psychological well-being. Gordon and Whelan-Berry (2004) commented that women on an average still have more responsibility for home, family life, and child care than men. Nesteruk (2003) indicated that mothers, and fathers of school age children (N=290), reported higher than expected levels of the time and energy involvement and the positive influence of daily hassles, and lower than expected levels of the negative influence of daily hassles. Xu, Siegrist, Cao, Li, Tomlinson and Chan (2004) in a study on working women (N=421) in Beijing, China concluded that combined exposure to work and family-related stress was associated with an adjusted mean 6.4 mmHg increase in systolic blood pressure and recurrent sleeping problems were also associated with the two stress measures. Kumar and Yadav (2010) indicated that effort constraint has more negative effect on the mental health of women in mid-adulthood whereas in early adulthood, time constraint has more negative effect on their mental health. Kodagoda (2010) demonstrated that for managerial women in banking sector in Sri Lanka, mothering and work responsibilities were major predictors of work-family stress and concluded that balancing the demands of employment and motherhood emerges as one of the key issues of the modern world. Yadav and Kumar (2015) found that the bank employed women, as compared to the teachers, especially those in their early adulthood experience more household stress particularly in the economic constraint area and also have poorer mental health. Furthermore, Yadav (2015) found that teachers as compared to bank employed women in the early adulthood period had better mental health.

Social support in the workplace has been shown to be protective against adverse health outcomes in a number of investigations (Cheng, Kawachi, Coakley, Schwartz, & Colditz, 2000, Lerner, Levine, Malspeis, & D'Agostino, 1994). Thompson, Kirk and Brown (2005) in a study on 421 policewomen indicated that supervisor, but not coworker support reduced role stressors, which had a significant path to family cohesion and conflict, through emotional exhaustion. Kim, Cho, Lee, Marion, and Kim (2005) in a study on Korean married women

(N=331) working in manufacturing companies, revealed a significant positive relationship between social support and perceived health status (PHS), but significant negative relationships between PHS and work stress as well as family stress. Hierarchical multiple regression analysis, further revealed that family stress was a major variable not only for explaining the variance but also for correlating with health status.

Parasuraman, Greenhaus and Granrose (1992) in a study on men (N=119) and women (N=119) showed that work support was associated with increased job satisfaction, while spouse support was associated with greater family satisfaction. Daga and Hussain (2001) indicated that social support acted as a buffer against stress for the working Indian women (N=300). Van Daalen, Sanders and Willemsen (2005) in a study on 459 men and women from dual earner families revealed that women report higher life satisfaction than men and receive more social support from colleagues than men, while both receive support from their supervisor, equally. As for the non-work related sources of social support, men received more social support from their spouse, while women received more social support from relatives and friends. Nelson (2006) interviewed 90 women at three different times over an 18-month period and found that that support and coping have a health-enhancing effect on positive affect. However, life strains interacted with support and coping to predict negative affect. Both support and coping buffered the effects of life strains, suggesting that social support has a health-protecting effect on negative affect. Yadav and Kumar (2008) indicate that within the early adulthood group, women experiencing lower levels of F-to-W conflict reported receiving more emotional support and companionship support.

According to Lopata's (1966) model of family stages, demands on the time and energy of parents are the strongest in families with infants or children at the pre-school age. There is strong evidence that mothers of children aged 0-6 years are at great risk of psychological distress (Barnett, 1993), and they experience more conflict than mothers of older children do (e.g., Beutell & Greenhaus, 1980, Pleck, Staines, & Lang, 1980). O'Neil and Bilimoria (2005) exploring the nature of women's career experiences over the life course (N=60, 24-60 yrs) revealed distinct patterns of how women's careers develop over time, particularly with regard to the impact of career contexts (societal, organizational, and relational) and women's own changing images of their careers and career success. They proposed, on the basis of obtained results, a three-phase, age-linked model of women's career development: the idealistic achievement phase; the pragmatic endurance phase; and the reinventive contribution phase.

In view of the reviewed literature the following objectives and hypotheses were formulated for exploration

Objectives:

- To assess and compare the levels of work and family stress among female bank employees belonging to different work-family life stages.
- To assess and compare the levels of perceived social support and mental health among female bank employees belonging to different work-family life stages.
- To study the relationship of work and family stress with mental health among female bank employees belonging to different work-family life stages.
- To explore the moderating effect of perceived social support on the relationship on work and family stress with mental health among female bank employees belonging to different work-family life stages.

Hypotheses:

- The level of work and family stress will be lower among women in later as compared to those in earlier work-family life stages.
- Perceived social support and mental health will be higher among women in later as compared to those in earlier work-family life stages.
- Work and family stress will be negatively related with mental health within all work-family life stages.
- Relationship between stress (work & family) and mental health will be moderated by perceived social support.

METHODOLOGY

Sample

The sample for the present study consisted of 250 female bank employees in the age range of 25-50 yrs educated at least up to the level of graduation and employed in nationalized banks in Varanasi and nearby regions. The subjects were categorized into three stages on the basis of developmental phases proposed by Bardwick (1980) relevant in context to women was as given below.

Table-A
Sample Distribution by Work-Family Life Stages

Age Groups	Work-Family Life Stages	N	Percent
Below 30yrs (Early adult transition phase)	Stage-I	97	38.8
30-40 yrs (Settled Down phase)	Stage-II	76	30.4
Above 40 yrs (Transition to Mid Adulthood)	Stage-III	77	30.8
Total		250	100.0

Instruments:

The following instruments were used for assessing the various aspects under study.

- 1. Occupational Stress Index (Singh & Srivastava, 1981):** It assesses the extent of stress which employees perceive arising from various constituent and conditions of their job. The scale consists of 46 items, each to be rated on the five-point scale, out of which, 28 are 'true-keyed' and rest 18 are 'false-keyed'. In the present study only 26 items were selected from the full scale viz., role overload (RO), role conflict (RC), poor peer relations (PPR), intrinsic impoverishment (II), low status (LS) and strenuous working conditions (SWC).
- 2. Life Demand Schedule (Kumar, 1998):** Developed empirically, it assesses the stresses resulting from day to day household related demands to be met by women, within three areas, viz., physical constraints (17 items), time constraints (20 items) and financial constraints (16 items). Each item is to be answered on a 5 point scale ranging from 'very high' (5) to 'not at all' (1).
- 3. Social Support Scale (Arora & Kumar, 1998):** The scale, specially developed for working women, consists of 38 items divided into four areas of functional support, viz. emotional, informational, companionship, tangible/practical, assesses the structural and functional aspects of perceived social support. Each item can reveal information regarding sources of actual or expected support and amount of actual or expected support depending on the type of instructions given.
- 4. Mental Health (MH) Inventory (Jagdish & Srivastava, 1983):** It covers six dimensions of sound mental health or psychological well-being, viz., positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental competence. It consists of 56 items which are to be rated on four point scale.

The tests were administered to the subjects individually after explaining the purpose of the study and establishing rapport with them.

RESULTS

Mean and SD's were computed for the scores obtained on the areas of work-family stress, social support and mental health. 't'-Test was applied for comparing group of subjects belonging to the three work-family life stages, viz., 'Stage-I' (below 30 yrs), 'Stage-II' (30-40 yrs) and 'Stage-III' (above 40 yrs). Correlational analysis was also done to assess the relationship between scores on overall work-family stress and overall mental health. Furthermore, hierarchical regression analysis was applied to test the moderating effect of social support on the relationship of work-family stress and mental health at Stages I, II and III.

Results Related to Comparison of Subjects within Various Work-Family Life Stages

The results related to comparisons of subjects within various stages on areas of occupational stress have been presented in Table-1. The mean scores on role overload for the subjects at Stages I, II and III were 17.97, 19.00 and 17.44 respectively but none of the differences between Stage I vs. II ($t = 1.73$, NS), Stage II vs. III ($t = 1.93$, NS) and Stage I vs. III ($t = 0.80$, NS) were found to be significant. The mean score on role conflict for subjects at Stages I, II and III were 13.48, 13.63 and 12.61 respectively. Differences between Stage I vs. II ($t = 0.30$, NS), and Stage I vs. III ($t = 1.59$, NS) were not significant but the differences between Stage II vs. III were significant ($t = 2.09$, $p < .05$). On poor peer relations the mean scores of subjects at Stages I, II and III were respectively 10.41, 10.29 and 10.05 and none of the differences between groups, viz., Stage I vs. II ($t = 0.34$, NS), Stage II vs. III ($t = 0.55$, NS) and Stage I vs. III ($t = 0.85$, NS) did not reveal any significant differences. Mean scores on intrinsic impoverishment for subjects at Stages I, II and III were 10.79, 9.86, and 10.32 respectively. Intergroup comparison revealed that mean scores for Stage I were significantly higher than that of Stage II ($t = 2.72$, $p < .01$) but comparison of Stage II vs. III ($t = 1.18$, NS) and Stage I vs. III ($t = 1.15$, NS) were not significant. On low status the mean score of subjects at Stages I, II and III were respectively 7.16, 6.84 and 5.83 and the differences between Stage I vs. II ($t = 1.18$, NS) were not significant, but the differences between Stage II vs. III ($t = 3.72$, $p < .01$) and Stage I vs. III ($t = 5.25$, $p < .01$) were highly significant. The mean scores of subjects on strenuous working conditions at Stages I, II and III were respectively 10.21, 9.99 and 7.90 and the

obtained t-values clearly indicate that the differences between Stage I vs. II ($t = 0.57$, NS) were not significant whereas those between Stage II vs. III ($t = 5.88$, $p < .01$) and Stage I vs. III ($t = 6.47$, $p < .01$) were highly significant. The mean scores of subjects on overall occupational stress at Stages I, II and III were 70.03, 69.61, and 64.16 respectively. Intergroup comparison revealed that the differences between Stage I vs. II ($t = 0.28$, NS) were not significant whereas those between Stage II vs. III ($t = 2.90$, $p < .01$) and Stage I vs. III ($t = 3.32$, $p < .01$) were highly significant.

TABLE-1:
Differences between Ss at various W-F Life Stages on Areas of Occupational Stress & Household Stress

Variables	W-F Life Stages			't-values' Indicating differences between Stages		
	I	II	III	I Vs II	II Vs III	I Vs III
	(N=97)	(N=76)	(N=77)	(df=171)	(df=151)	(df=172)
Role Overload	17.97 (3.27)	19.00 (4.58)	17.44 (3.39)	1.73	1.93	0.80
Role Conflict	13.48 (3.69)	13.63 (2.45)	12.61 (3.51)	0.30	2.09*	1.59
Poor Peer Relation	10.41 (2.48)	10.29 (2.18)	10.05 (3.12)	0.34	0.55	0.85
Intrinsic Impoverishment	10.79 (2.47)	9.86 (1.94)	10.32 (2.90)	2.72**	1.18	1.15
Low Status	7.16 (1.77)	6.84 (1.83)	5.83 (1.52)	1.18	3.72**	5.25**
Strenuous Working Conditions	10.21 (2.60)	9.99 (2.41)	7.90 (1.96)	0.57	5.88**	6.47**
Overall Occupational Stress	70.03 (10.27)	69.61 (9.96)	64.16 (13.07)	0.28	2.90**	3.32**
Effort Constraint	43.68 (9.96)	39.00 (10.78)	39.56 (11.80)	2.96**	0.31	2.50*
Time Constraint	54.23 (11.79)	52.20 (15.03)	44.45 (15.90)	1.00	3.10**	4.66**
Economic Constraint	36.08 (11.39)	33.34 (11.08)	29.05 (12.76)	1.60	2.22*	3.83**
Overall Household Constraint	133.99 (28.31)	124.54 (32.19)	113.06 (34.52)	2.05*	2.13*	4.39**

TABLE-2:
Differences between Ss at various W-F Life Stages on Areas of Social Support & Mental Health

Variables	W-F Life Stages			't-values' Indicating differences between Stages		
	I	II	III	I Vs II	II Vs III	I Vs III
	(N=97)	(N=76)	(N=77)	(df=171)	(df=151)	(df=172)
Emotional Support	75.00 (13.93)	73.22 (12.29)	78.10 (18.05)	0.88	1.95	1.28
Informational Support	30.69 (5.78)	29.57 (6.60)	29.64 (6.69)	1.19	0.07	1.11
Practical Support	51.00 (10.69)	51.91 (12.68)	53.23 (15.80)	0.51	0.57	1.11
Companionship Support	30.05 (9.11)	28.50 (6.62)	29.26 (7.40)	1.25	0.70	0.62
Positive Self Evaluation	30.76 (4.19)	31.74 (4.57)	32.23 (3.09)	1.46	0.79	2.57*
Perception of Reality	23.71 (3.79)	24.61 (3.58)	25.25 (3.30)	1.58	1.15	2.81**
Integration of Personality	33.62 (4.98)	35.54 (5.15)	36.17 (5.07)	2.48*	0.76	3.33**
Autonomy	17.04 (2.66)	17.62 (2.39)	18.49 (2.60)	1.48	2.17*	3.61**
Group Oriented Attitude	31.27 (5.14)	31.64 (4.16)	31.84 (4.43)	0.52	0.29	0.78
Environmental Mastery	29.45 (3.40)	28.99 (3.64)	29.49 (2.53)	0.87	1.00	0.09
Overall Mental Health	165.86 (19.91)	170.13 (18.42)	173.48 (15.90)	1.45	1.20	2.73**

The comparison of subjects on Household Stress at the three work-life stages has also been presented in Table-1. Results reveal that the mean scores for work-family life Stages I, II and III on effort constraint were 43.68, 39.00, and 39.56

and comparison revealed that subjects at Stage I scored significantly higher than those at Stage II ($t=2.96, p<.01$) and Stage III ($t=2.50, p<.05$) but the difference between Stage II vs. III ($t=0.31, NS$) was not significant. On time constraint the mean score of subjects at Stages I, II and III were respectively 54.23, 52.20 and 44.45. The difference between Stage I vs. II ($t=1.00, NS$) was not significant, but the differences between Stage II vs. III ($t=3.10, p<.01$) and Stage I vs. III ($t=4.66, p<.01$) were highly significant. The mean scores of subjects on economic constraint at Stages I, II and III were 36.08, 33.34 and 29.05 respectively and intergroup comparison revealed that the difference between Stage I vs. II ($t=1.60, NS$) was not significant, but the differences between Stage II vs. III ($t=2.22, p<.05$) and Stage I vs. III ($t=3.83, p<.01$) were significant. The mean scores of subjects on overall household constraint at Stages I, II and III were 133.99, 124.54 and 113.06 respectively. Intergroup comparison revealed that all the intergroup differences between Stage I vs. II ($t=2.05, p<.05$), Stage II vs. III ($t=2.13, p<.05$) and Stage I vs. III ($t=4.39, p<.01$) were significant.

Table-2 exhibits the scores on the four areas of social support on the three work-family life stages. On emotional support the mean scores of subjects at Stages I, II and III were respectively 75.00, 73.22 and 78.10. Comparison between groups, viz., Stage I vs. II ($t=0.88, NS$), Stage II vs. III ($t=1.95, NS$) and Stage I vs. III ($t=1.28, NS$) did not reveal any significant differences. On informational support the mean scores of subjects at Stages I, II and III were 30.69, 29.57 and 29.64 respectively. Intergroup comparison revealed that the comparison between groups, viz., Stage I vs. II ($t=1.19, NS$), Stage II vs. III ($t=0.07, NS$) and Stage I vs. III ($t=1.11, NS$) did not reveal any significant differences. The mean scores of subjects on practical support at Stages I, II and III were respectively 51.00, 51.91, and 53.23 but none of the differences between Stage I vs. II ($t=0.51, NS$), Stage II vs. III ($t=0.57, NS$) and Stage I vs. III ($t=1.11, NS$) were found significant. On companionship support the mean scores of subjects at Stages I, II and III were 30.05, 28.50 and 29.26 respectively. Intergroup comparison revealed that the comparison between groups, viz., Stage I vs. II ($t=1.25, NS$), Stage II vs. III ($t=0.70, NS$) and Stage I vs. III ($t=0.62, NS$) did not reveal any significant differences.

The differences on areas of mental health between Ss at various work-family life stages have also been presented in Table-2. It is clear from the results that on positive self evaluation the mean scores of subjects at Stages I, II and III were 30.76, 31.74 and 32.23 respectively and the differences between Stage I vs. II ($t=1.46, NS$) and Stage II vs. III ($t=0.79, NS$) were not significant, but the difference between Stage I vs. III ($t=2.57, p<.05$) was significant. On perception of reality the mean scores of subjects at Stages I, II and III were respectively 23.71, 24.61 and 25.25. The differences between Stage I vs. II ($t=1.58, NS$) and Stage II vs. III ($t=1.15, NS$) were not significant, but the difference between Stage I vs. III ($t=2.81, p<.01$) was highly significant. The mean scores of subjects on integration of personality at Stages I, II and III were respectively 33.62, 35.54, and 36.17. Intergroup comparison revealed that mean scores for 'Stage I' were significantly lower than those of Stage II ($t=2.48, p<.05$) and Stage III ($t=3.33, p<.01$) but the difference between Stage II vs. III ($t=0.76, NS$) was not significant. On autonomy the mean scores of subjects at Stages I, II and III were respectively 17.04, 17.62 and 18.49. The difference between Stage I vs. II ($t=1.48, NS$) was not significant, but the differences between Stage II vs. III ($t=2.17, p<.05$) and Stage I vs. III ($t=3.61, p<.01$) were highly significant. The mean scores of subjects on group oriented attitude at Stages I, II and III were respectively 31.27, 31.64 and 31.84 but none of the all differences between Stage I vs. II ($t=0.52, NS$), Stage II vs. III ($t=0.29, NS$) and Stage I vs. III ($t=0.78, NS$) were found significant. On

environmental mastery the mean scores of subjects at Stages I, II and III were 29.45, 28.99 and 29.49 respectively. Intergroup comparison revealed that the comparison between groups, viz., Stage I vs. II ($t=0.87, NS$), Stage II vs. III ($t=1.00, NS$) and Stage I vs. III ($t=0.09, NS$) did not reveal any significant differences. It is also clear from the table that on overall mental health the mean scores of subjects at Stages I, II and III were 165.86, 170.13 and 173.48 respectively and the differences between Stage I vs. II ($t=1.45, NS$) and Stage II vs. III ($t=1.20, NS$) were not significant, but the difference between Stage I vs. III ($t=2.73, p<.01$) was highly significant.

Results Related to Correlational Analysis within Various Work-Family Life Stages

Correlations between overall occupational stress & overall household stress with overall mental health at different w-f life stages have been presented in Table-5. Results indicate that overall occupational stress correlated significantly and negatively with overall mental health at 'stage I' ($r=-.406, p<.01$), 'stage II' ($r=-.602, p<.01$) and 'stage III' ($r=-.355, p<.01$). However, overall household stress correlated significantly and negatively with overall mental health at 'Stage I' ($r=-.487, p<.01$) and 'Stage II' ($r=-.429, p<.01$) but not at 'Stage III' ($r=-.157, NS$).

TABLE-3:

Correlations between Overall Occupational Stress & Overall Household Stress with Overall Mental Health at different W-F Life Stages

Type of Stress	Overall Occupational Stress			Overall Household Stress		
Work-Family Life Stages	Stage I	Stage II	Stage III	Stage I	Stage II	Stage III
Pearson's "r"	-0.406**	-0.602**	-0.355**	-0.487**	-0.429**	-0.157

Results Related to Moderator Analyses

Hierarchical regression analysis was applied to test the moderating effect of various aspects of social support on the relationship of occupational stress and mental health at Stage I, II and III separately. The predictor variable - occupational stress as well as household stress and the moderator variable - social support were standardized by converting them into z-scores before testing for moderating effect to reduce problems related to multicollinearity between the these variables and the interaction term, after this the interaction term was computed by multiplying the standardized predictor and moderator. In the hierarchical regression model, the standardized predictor variable (OS or HS) was entered into the regression equation, the moderator variable (ES) was entered at Step 2 and at step 3, the interaction of OS \times ES or HS \times ES were entered. Presence of a significant moderating effect is concluded only when the interaction term is significant. Results have been presented in Tables 4-7.

It is apparent from Table-4 that the F-values for the interaction terms for occupational stress and emotional support, i.e., OS \times ES has not found to be significant for any of the stages, viz., Stage I ($F=0.111, NS$), Stage II ($F=3.33, NS$) or Stage III ($F=3.738, NS$). Thus it can be concluded that emotional support does not moderate the relationship between OS and MH at any of the stages. However in case of household stress (HS) the F-Values for the interaction term HS \times ES is significant for Stage I ($F=11.437, p<.01$), and Stage III ($F=11.041, p<.01$) but not for Stage II ($F=2.601, NS$). Thus it appears that relationship between household stress and mental health is moderated by emotional support only at Stages I and III but not at Stage II.

TABLE-4:
Moderating Effect of Emotional Support (ES) on the Relationship of Mental Health with Occupational and Household Stress

Pr.V.	Occupational Stress (OS)	Household Stress (HS)								
Stages	Variables	R ²	R ² Change	β Value	F Change	Variables	R ²	R ² Change	β Value	F Change
Stage I	OS	.219	.130	-.384**	14.843**	HS	.273	.185	-.450**	22.670**
	ES	.271	.052	.241**	6.284**	ES	.326	.053	.241**	6.875**
	OS \times ES	.272	.001	-.245	.111	HS \times ES	.404	.078	2.371**	11.437**
Stage II	OS	.397	.341	-.654**	38.480**	HS	.220	.164	-.416**	14.346**
	ES	.530	.133	.393**	19.021**	ES	.420	.199	.470**	22.986**
	OS \times ES	.553	.023	1.457	3.330	HS \times ES	.442	.022	1.175	2.601
Stage III	OS	.214	.108	-.361**	9.483**	HS	.123	.018	-.135	1.378
	ES	.215	.001	.033	.074	ES	.148	.024	.188	1.938
	OS \times ES	.256	.041	-1.118	3.738	HS \times ES	.268	.121	-2.229**	11.041**

TABLE-5:
Moderating Effect of Informational Support (IS) on the Relationship of Mental Health with Occupational and Household Stress

Pr.V.		Occupational Stress (OS)				Household Stress (HS)				
Stages	Variables	R ²	R ² Change	β Value	F Change	Variables	R ²	R ² Change	β Value	F Change
Stage I	OS	.219	.130	-.384**	14.843**	HS	.273	.185	-.450**	22.670**
	IS	.272	.054	.245**	6.470**	IS	.317	.043	.222*	5.576*
	OS x IS	.311	.039	-1.892*	4.895*	HS x IS	.324	.007	.614	.901
Stage II	OS	.397	.341	-.654**	38.480**	HS	.220	.164	-.416**	14.346**
	IS	.525	.128	.410**	18.050**	IS	.441	.220	.512**	26.422**
	OS x IS	.547	.022	.938	3.167	HS x IS	.452	.011	.637	1.288
Stage III	OS	.214	.108	-.361**	9.483**	HS	.123	.018	-.135	1.378
	IS	.238	.024	.168	2.135	IS	.172	.048	.246*	3.973*
	OS x IS	.269	.031	-1.081	2.837	HS x IS	.263	.091	-2.162**	8.314**

The F-values for the interaction terms reported in Table-5 for occupational stress and informational support, i.e., OS x IS has been found to be significant for Stage I (F=0.4.895, p<.05), but not for Stage II (F=3.167, NS) or Stage III (F=2.837, NS). Thus it can be concluded that informational support moderates the relationship between OS and MH at Stage I only but not at Stages II and III. In case of household stress (HS) the F-Values for the interaction term HS x IS is not significant for Stage I (F=0.901, NS), and Stage II (F=1.288, NS) but is significant for Stage III (F=8.314, p<.01). Thus it appears that relationship between household stress and mental health is moderated by emotional support only at Stages III but not at Stage I and II.

The F-values for the interaction terms reported in Table-6 for occupational stress and practical support, i.e., OS x PS has not found to be significant for any of the stages, viz., Stage I (F=0.149, NS), Stage II (F=0.597, NS) or Stage III (F=0.017, NS). Thus it can be concluded that practical support does not moderate the relationship between OS and MH at any of the stages. However, in case of household stress (HS) the F-Values for the interaction term HS x PS is significant for Stage I (F=7.955, p<.01), but not for Stage II (F=2.513, NS) and Stage III (F=0.137, NS). Thus it appears that relationship between household stress and mental health is moderated by practical support only at Stage I but not at Stage II and III.

TABLE-6:
Moderating Effect of Practical Support (PS) on the Relationship of Mental Health with Occupational and Household Stress

Pr.V.		Occupational Stress (OS)				Household Stress (HS)				
Stages	Variables	R ²	R ² Change	β Value	F Change	Variables	R ²	R ² Change	β Value	F Change
Stage I	OS	.219	.130	-.384**	14.843**	HS	.273	.185	-.450**	22.670**
	PS	.289	.070	.271**	8.640**	PS	.316	.042	.216*	5.460*
	OS x PS	.290	.001	-.335	.149	HS x PS	.373	.057	1.600**	7.955**
Stage II	OS	.397	.341	-.654**	38.480**	HS	.220	.164	-.416**	14.346**
	PS	.487	.090	.328**	11.715**	PS	.236	.015	.148	1.335
	OS x PS	.491	.005	-.555	.597	HS x PS	.264	.028	-.740	2.513
Stage III	OS	.214	.108	-.361**	9.483**	HS	.123	.018	-.135	1.378
	PS	.244	.030	-.182	2.738	PS	.138	.014	-.124	1.119
	OS x PS	.245	.000	.065	.017	HS x PS	.139	.002	-.251	.137

TABLE-7:
Moderating Effect of Companionship Support (CS) on the Relationship between Mental Health and Occupational and Household Stress

Pr.V.		Occupational Stress (OS)				Household Stress (HS)				
Stages	Variables	R ²	R ² Change	β Value	F Change	Variables	R ²	R ² Change	β Value	F Change
Stage I	OS	.219	.130	-.384**	14.843**	HS	.273	.185	-.450**	22.670**
	CS	.240	.021	.155	2.422	CS	.293	.020	.150	2.457
	OS x CS	.241	.001	-.202	.111	HS x CS	.327	.034	1.476*	4.380*
Stage II	OS	.397	.341	-.654**	38.480**	HS	.220	.164	-.416**	14.346**
	CS	.544	.147	.414**	21.566**	CS	.324	.103	.396**	10.237**
	OS x CS	.570	.026	1.186*	4.068*	HS x CS	.342	.018	-.528	1.788
Stage III	OS	.214	.108	-.361**	9.483**	HS	.123	.018	-.135	1.378
	CS	.289	.075	.288**	7.151**	CS	.241	.118	.365**	10.571**
	OS x CS	.289	.000	.085	.022	HS x CS	.343	.102	1.907**	10.413**

Lastly the F-values for the interaction terms reported in Table-7 for occupational stress and companionship support, i.e., OS x IS has been not found significant for Stage I (F=0.111, NS) and Stage III (F=0.022, NS), but is significant for Stage II (F=4.068, p<.01). Thus it can be concluded that companionship support moderates the relationship between OS and MH at Stage II only but not at Stages I and III. In case of household stress (HS) the F-Values for the interaction term HS x IS is significant for Stage I (F=4.380, p<.05), and Stage III (F=10.413, p<.01) but not at Stage II (F=1.788, NS). Thus it appears that relationship between household stress and mental health is moderated by companionship support only at Stages I and III but not at Stage II.

DISCUSSION

The purpose of this study was to investigate the stresses emanating from work-place as well as household and mental health along with the moderator effect of social support on the relationship between them among bank employed women at different W-F life stages. On areas of occupational stress comparison of subjects at the three stages revealed that stress due to role overload, poor peer relation remained stable over the three stages, stress due to role conflict was higher at Stage II but was lowest on intrinsic impoverishment at this stage. Subjects belonging to younger groups had higher stress due to low status and strenuous working conditions than those at the later stage - Stage III.

On areas of household stress results revealed a decreasing trend with life stage with both the younger groups at Stage I and Stage II experiencing higher time and economic constraints in household domain than the older Stage III subjects whereas Stage I subjects experienced higher levels of effort constraint than subjects at both the other life stages. ***The first hypothesis H1 which posits "The level of work and family stress will be lower among women in later as compared to those in earlier work-family life stages", has been partially supported in context to role overload, role conflict, low status and strenuous working condition and also in context to all dimensions of household stress.***

The results thus convey that both work and household related stresses are higher at younger stage than at older stages of work-family life. These results can be easily understood in context to a number of possible explanations. These younger women belong to a newer generation and hence the salience of job may be higher for them and they are more likely to be aiming at reaching higher positions as compared to the older women. They may have greater desire to excel in their jobs and compete with men on an equal footing. The possibility exists that these very factors may become reasons for their experiencing higher role overload on one hand and on the other hand due to being subjected to some form of discrimination due to gender biases in a competitive world it may lead to experiencing higher levels of stress due to low status.

The higher levels of household constraints experienced by the younger women can be understood in the light of the fact that most of these women may still be in the initial years of their marriage when a lot of adjustments are required on the part of the women. In the present scenario there is higher focus on learning skills for managing a job and hence unlike the past when girls were well trained in managing the household related work by the time they got married, the women belonging to the younger group may not be so well equipped in handling household related responsibilities. Furthermore, presence of younger children and older people to be taken care of may enhance the household chores and make them more complex. In fact the women in the younger groups had more dependent children and more old people living in household. Family role strain among employed women has been attributed to the number of children that an individual has (Katz & Piotrkowski, 1983). Cleary and Mechanic (1983) also concluded a positive relationship between number of children and depression among employed women is due partially to the time and work demands of their dual roles.

Lo (2003) had also in a study of married female professionals with children revealed that the traditional nature of the Hong Kong family, compounded by long working hours, had led to an exhausting lifestyle for almost all the female married professionals. The present results are in contradiction to the conclusions drawn by Kirkcaldy and Martin (2000) who in a study of nurses found that older nurses report more stress. However, the contradiction may exist because due to the older female nurses being experienced they may be loaded with more responsibility. Furthermore, the difference in cultural settings of the sample for the present study which was from India, whereas the above quoted study was conducted in Northern Ireland, may also be another reason.

In context to social support, the results indicated that subjects belonging to the Stage II perceived that they had less support in all the areas viz., emotional, informational, practical and companionship support, however lack of statistical significance indicates that perception of available social support was similar at all the three work-life stages.

An increasing trend from Stage I to Stage III of work-family life stages could be observed on all the aspects of mental health. Stage III subjects held a more positive self evaluation and higher perception of reality, were more autonomous, and had better overall mental health than the younger subjects at Stage I and II. The subjects at later work-family life stages (Stage II & III) had more integrated personality than subjects at Stage I, however, subjects at all the three stages were similar on group oriented attitude and environmental mastery. ***The second hypothesis H2 which stated "Perceived social support and mental health will be higher among women in later as compared to those in earlier work-family life stages" has been partially supported in context to positive self evaluation, perception of reality, integration of personality, autonomy and overall mental health but not in context to social support areas as well as group oriented attitude and environmental mastery dimensions of mental health.***

The results obtained in context to the first and second hypotheses when seen in conjunction seem to point towards the possibility that even though there was an apparent decline in job and household related stresses the level of social support remained constant over the three work-life stages. Thereby, the possibility exists that at the earlier stages the stresses were much higher and the support available was proportionately much lesser to counter its effect. Whereas by the third stage even though the level of stresses had decreased, the amount of social support had not decreased and hence the balance between stresses and support may be tilted more towards the latter side. This probably may be the reason for higher levels of mental health at this stage.

In contrast to the above findings Kirkcaldy and Martin (2000) in their earlier quoted study of nurses in Northern Ireland had reported that age was significantly related to total stress and mental health with older nurses reporting more

stress, and the younger nurses experiencing better psychological health. The present findings seem to be supported by some of the earlier western findings like those of Barnett and Baruch (1985) who found that the role of parent was a major source of stress for women in the middle years and many other studies which have found a relationship between parenting and various forms of strain for working women (Cleary & Mechanic, 1983, Lewis & Cooper, 1987). It has been reported that when women lack sufficient child care and household help from spouses and work in psychologically demanding jobs, their health and well-being may suffer (Hughes & Galinsky, 1994, Piotrkowski, Hughes, Pleck, Kessler-Sklar, & Staines, 1993).

The results obtained from correlational analysis clearly indicate that overall occupational stress associated negatively with overall mental health at stages I, II and III. However, overall household stress was negatively associated with overall mental health at stage I and II only but not at Stage III. ***The third hypothesis H3 which stated "Work and family stress will be negatively related with mental health within all work-family life stages" has been partially supported.***

Yet again the results convey that heavy load of occupational and housework can have serious consequences for the mental health of working women at earlier work-family life stages probably because these women are trying to excel in their job spheres also but at a later stage when they are more accustomed to the double routine and have managed to find ways to handle the work load at home, the negative effect on mental health may not be so significant.

This paper also examined the role of social support as a moderator of the relationship of occupational and household stress with mental health separately for each life stage. ***The fourth hypothesis H4 which stated "Relationship between stress (work & family) and mental health will be moderated by perceived social support" has been partially supported by the results.***

Social support has been identified in research as an important resource capable of protecting individuals from the harmful effects of stress (Geller & Hobfoll, 1994) either as a main effect or as a moderator or buffer, however, it is still not established whether it is the former or the latter. This indicates that more research is required in this area. The present study attempted to contribute to the gaps in the family stress, job stress, and social support literature. Additionally, this study was important to conduct because when it comes to and the role of social support at varying stages of adult development, especially for women, surprisingly to this date, there are hardly any empirical studies conducted on the basis of developmental phases proposed by Bardwick (1980) relevant in context to women. A critical question, thus, is whether relationship between stress emanating either from work or family and mental health will be moderated by perceived social support.

The results obtained from moderator analysis indicate that emotional and practical support do not moderate the relationship between occupational stress and mental health at any stage but they do have a significant facilitating main effect on mental health. On the other hand, informational support has a significant moderating effect on the relationship between occupational stress and mental health at Stage I only and a significant facilitating main effect on mental health at Stage II but not at Stage III. Companionship support moderates the relationship between occupational stress and mental health at Stage II only and its facilitating main effect on mental health is significant only at Stage III but not at Stage I. Stated briefly it appears that the mere presence of emotional and practical support helps the employed women of all stages not to perceive the job related conditions as stressful. However, when experience of stress stemming from occupation can not be avoided, informational support at Stage I and companionship support at Stage II act as buffers.

In context to household stress, at Stage I emotional, practical, and companionship supports have a moderating effect on its relationship with mental health whereas informational support exerts a significant facilitating main effect on mental health. At Stage II, however, emotional, informational, and companionship supports have a significant facilitating main effect on mental health but practical support fails to have any impact. At Stage III, all types of supports, i.e., emotional, informational, practical and companionship have a moderating effect, conveying that they act as buffers whenever household related stress is experienced.

A point to be noted is that the obtained results indicate that the highest negative contribution of occupational stress to mental health is at Stage II followed by Stage I and III in that order, whereas the highest negative contribution of household stress is at Stage I followed by that at Stage II and remarkably at Stage III it fails to have an effect on the mental health at all.

In addition, taken overall main, moderating, and no effects of any of the social support area could be for Stage I observed in 3, 4, and 1 situations respectively, for Stage II respectively in 6, 1, and 1 situations, and for Stage III respectively in 1, 3, and 3 situations. When these observations are viewed in context to the fact that both occupational stress and household stresses are lowest at Stage III and highest at Stage II with Stage I falling in between, it would appear that when stresses are very high, main effect of social support or its prevalence through a very supportive network is effective. Whereas when experienced stress is moderate, the buffering role of social support would be more effective.

Overall, the results convey that the main effect and buffering effects of social support may operate in varying conditions. Thus the study on one hand reaffirm the conclusion of other studies which report a buffer effect of social support like those of House and Wells (1978), La Rocco et al. (1980), and Winnubst et al. (1982). Nelson (2006) also concluded that both support and coping buffered the effects of life strains, suggesting that social support has a health-protecting effect on negative affect. In all of these studies, significant buffer effects made up around 10% to 25% of the interactions. Thus, by no means were all stressors buffered, nor did buffering affect all dependent variables. The buffer effect exists but is not extremely strong. Rao, Apte and Subbakrishna (2003) in a study of 60 married, working women revealed that greater use of social support seeking, and less use of denial as coping style, They finally concluded that in working women with multiple roles, enhancing problem focused and emotion focused coping by strengthening the use of the support network is important for well-being, thus emphasizing the protective role of support networks.

The results point towards the need to focus on employed women belonging to the younger age groups and providing them all the necessary support at these work-family life stages. The organizations employing younger women thus, seem to have a greater responsibility towards ensuring their welfare and make provisions for making their work as well as home life more comfortable. Measures like granting permission to work from home, providing crèches for their newborn young babies, providing housing near the workplace, etc. may be considered for their welfare. On the other hand, an acceptant atmosphere at home and sharing in household responsibilities by other family members may also have a beneficial effect on the mental health of these employed women and they may have full opportunity to reach their potential.

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